

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1755

Registration District No. 71

Primary Registration District No. 5110A

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Cedar-Twp. (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULLNAME NANCY ELIZABETH THOMAS

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John A Thomas 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased Dec 9th 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Howard Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business " "

12. Name Tina Calvert

13. Birthplace DK 9 (City, town, or county) (State or foreign country)

14. Maiden name Doris Dodson

15. Birthplace DK 9 (City, town, or county) (State or foreign country)

16. (a) Informant Edward Smith

(b) Address Easley M. P

17. (a) Burial (b) Date thereof Jan 11 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director R. O. Wilcox

(b) Address Columbia Mo

19. (a) Jan. 20, 1941 (b) Francis N. Hale (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia Rural (If outside city or town limits, write "RURAL")  
(d) Street No. Route (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9th year 1941 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Apr 1 1940 to Jan 9 1941 that I last saw her alive on Jan 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature A. B. Taylor (M. D. or other) D

Address Arkland Mo. Date signed 1-13-41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**